S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11409

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3405

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5216 Idaho Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis. 175
(If outside city or town limits, write "RURAL")
(d) Street No. 5216 Idaho Ave. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Bernard Pranger Sr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Dec. (Month) 26 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
76	3	25	hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation Tavern Business-Owner
11. Industry or business Retired 6yrs.
FATHER
12. Name Conrad Pranger
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Don't Know (State or foreign country) 9
16. (a) Informant Mary Pranger
(b) Address 5216 Idaho Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/47 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter and Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) MAR 31 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28th year 1947 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from September, 1946 to Mar. 28, 1947 that I last saw him alive on Mar. 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac apoplexy — Duration: Sudden
Due to: Chr. Myocarditis — Probably secondary
Due to: Chr. Nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Dr. Leo P. Young (M.D. or other)
Address 2621 S. Jefferson Date signed 3/31/47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me, Registered Apprentice No. ....., working under my personal supervision.

Signed Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
St. Louis, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.